

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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### Incident Information

URN: <b>918 - 04621 - 0375 - 263</b>		Date: <b>06/14/18</b>	Time: <b>1441</b>
Location: <b>West 110th Street</b>	City or Station: <b>Los Angeles</b>		
Bureau/Station/Facility: <b>South Los Angeles Station</b>	Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO		
Type of Force: <b>Takedown, Control Holds, Resisted Handcuffing, Hobble</b>			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3		Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO	
Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO			
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO		Person Notified: <b>Lt. Kopperud</b>	Emp: <b>[REDACTED]</b>
		IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO	

### Involved Employee

<b>E1</b>	Employee #	Last Name	First Name	Middle I.	Rank
	<b>[REDACTED]</b>	<b>Torres</b>	<b>Jonathan</b>	<b>R.</b>	<b>DSG</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>5'08"</b>	Weight: <b>170</b>	Age: <b>[REDACTED]</b>
			Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty	
	Unit of Assignment: <b>South Los Angeles Station</b>		Work Assignment (Unit #, Module, etc.): <b>32</b>		
	Individual Force Used: <b>Resisted Handcuffing, Control Holds</b>			Individual Category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____	

<b>E2</b>	Employee #	Last Name	First Name	Middle I.	Rank
	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>DSG</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>5'07"</b>	Weight: <b>200</b>	Age: <b>[REDACTED]</b>
			Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty	
	Unit of Assignment: <b>South Los Angeles Station</b>		Work Assignment (Unit #, Module, etc.): <b>32</b>		
	Individual Force Used: <b>Resisted Handcuffing, Control Holds</b>			Individual Category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____	

<b>E3</b>	Employee #	Last Name	First Name	Middle I.	Rank
	<b>[REDACTED]</b>	<b>Ortiz</b>	<b>Jorge</b>	<b>NMI</b>	<b>DSG</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>5'09"</b>	Weight: <b>205</b>	Age: <b>[REDACTED]</b>
			Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty	
	Unit of Assignment: <b>South Los Angeles Station</b>		Work Assignment (Unit #, Module, etc.): <b>31B</b>		
	Individual Force Used: <b>Takedown, Control Holds</b>			Individual Category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____			Coroner Case # _____	

### On Duty Supervisor

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
<b>[REDACTED]</b>	<b>Jones</b>	<b>Mitchell</b>	<b>NMI</b>	<b>Sgt.</b>	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Supervisor Completing Investigation						
Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
<b>[REDACTED]</b>	<b>Valle</b>	<b>Paul</b>	<b>S.</b>	<b>Sgt.</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Watch Commander / Supervising Lieutenant						
Emp. #	Last Name	First Name	Middle I.	Rank		
<b>[REDACTED]</b>	<b>Norman</b>	<b>Alise</b>	<b>NMI</b>	<b>Lt.</b>		

Watch Commander / Supervising Lieutenant's Signature: **LT. ERIC SMITHSON**
 Date: **4-18-19**
 Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Unit Commander (Print Name): \_\_\_\_\_ Unit Commander's Signature: \_\_\_\_\_ Emp #: \_\_\_\_\_ Date: \_\_\_\_\_

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

9 1 8 - 0 4 6 2 1 - 0 3 7 5 - 2 6 3

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Involved Employee												
<b>E</b>	Employee #	Last Name		First Name				Middle I.		Rank		
		Smith		Daniel				M.		DSG		
	Sex:	Race:	Height:	Weight:	Age:	Shift:						
	<input checked="" type="radio"/> M <input type="radio"/> F	W	5'11"	236		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
South Los Angeles Station				31B								
Individual Force Used:						<input checked="" type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category			
Resisted Handcuffing									<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:									Coroner Case #			
<b>E</b>	Employee #	Last Name		First Name				Middle I.		Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift:						
	<input type="radio"/> M <input type="radio"/> F					<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
Individual Force Used:						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category			
									<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:									Coroner Case #			
<b>E</b>	Employee #	Last Name		First Name				Middle I.		Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift:						
	<input type="radio"/> M <input type="radio"/> F					<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
Individual Force Used:						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category			
									<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:									Coroner Case #			
<b>E</b>	Employee #	Last Name		First Name				Middle I.		Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift:						
	<input type="radio"/> M <input type="radio"/> F					<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
Individual Force Used:						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category			
									<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:									Coroner Case #			

# Supervisor's Report on Use of Force

## EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Pena	Luis	A.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Mental Evaluation Team		H918W1		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

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### Suspect Information

**S** 1

Last Name <b>Jaafar</b>		First Name <b>Hassan</b>		Middle Name <b>NMI</b>		Armed? Select Other	
AKA Last Name		First Name		Middle Name			
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Race: <input type="radio"/>	Age: <b>54</b>	Height: <b>5'10"</b>	Weight: <b>175</b>	D.O.B.: <b>04/01/64</b>	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C <b>No phone</b>	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C <b>No phone</b>
Street Address:				City:		State & Zip Code:	
Booking #: <b>5340622</b>		Primary Charge Code: <b>594(b)(1) PC</b>		Secondary Charge Code:		<input checked="" type="checkbox"/> Criminal History	
Treated on Scene? <input checked="" type="radio"/> YES <input type="radio"/> NO		Name: <b>LA Co Fire Department</b>		Unit: <b>Station 14</b>		Phone #: <b>(323) 881-2411</b>	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: <b>Harbor UCLA Med Cen</b>		Coroner Case #:		Mental History <input checked="" type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By: <b>Dr. Stephanie Lauw</b>		Address: <b>1000 West Carson St. Torrance, CA</b>				Phone #: <b>310-222-3520</b>	
Under Influence: <input type="radio"/> YES <input checked="" type="radio"/> NO		Substance:		5150 a factor in force? <input checked="" type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date: <b>06/14/18</b>		Time: <b>1630</b>		<input type="checkbox"/> Audiotape: <input checked="" type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

### Suspect Information

**S**

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race: <input type="radio"/>	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:	
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

### Suspect Information

**S**

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race: <input type="radio"/>	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:	
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

$$\boxed{9} \boxed{1} \boxed{8} - \boxed{0} \boxed{4} \boxed{6} \boxed{2} \boxed{1} - \boxed{0} \boxed{3} \boxed{7} \boxed{5} - \boxed{2} \boxed{6} \boxed{3}$$